was used to estimate the cost of treating T2DM patients to two composite endpoints in a UK setting, using 208 week data from a previously published double-blind randomised clinical trial of dapagliflozin (DAPA) vs glipizide (GLIP) (NCT00660907). Calculation of costs included drug acquisition costs, cost for adverse events, micro- and macrovascular complications, and BMI related costs The cost of treating one patient to the composite endpoints using DAPA+MET versus GLIP+MET over 208 weeks was calculated as total cost per treatment arm divided by number of patients that reached the composite endpoint in each arm. **RESULTS:** The number needed to treat was 4 for DAPA+MET and 35 for GLIP+MET and overall cost of treating one patient over 208 weeks to composite endpoint (1) was £12,042 for DAPA+MET and £50,040 for GLIP+MET. The corresponding figures for composite endpoint (2) was 4 for DAPA+MET and 47 for GLIP+MET with corresponding costs of £12,666 and £59,366. **CONCLUSIONS:** The cost of treating one patient to the composite endpoints was approximately 4.1-4.7 times higher with GLIP+MET compared to DAPA+MET. These results demonstrate that when multiple treatment goals, including weight loss and reduction of hypoglycaemic events are targeted, the cost of treating patients with DAPA+MET is lower compared to GLIP+MET.

PDB44

RELATIONSHIP BETWEEN SPENDING ON DIABETES DRUGS AND OCCURRENCE OF RISKS ASSOCIATED WITH TYPE 2 DIABETES IN ENGLISH GENERAL PRACTICES

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OBJECTIVES: To correlate spending on diabetes drug prescriptions in English general practices with occurrence of risks associated with type 2 diabetes. **METHODS:** Data from the HSCIC showing number of prescriptions, by drug, issued in English general practices in 2014 and the associated net ingredient cost (NIC) were analysed using a proprietary in-house software. The total number of patients per CCG with diagnosed diabetes, stroke and ischemia, peripheral atrial disease, hypertension, heart failure, coronary heart disease and atrial fibrillation between April 2013 and March 2014 were identified through the HSCIC's QOF data. The median age in a CCG was identified using ONS 2012 data. Spearman's correlations and partial correlations were performed using SPSS v22.0. 'Spend' was defined as total NIC. **RESULTS:** As expected, spending on prescriptions for diabetes drugs correlated almost perfectly with the number of diabetes patients ($r=0.97^{***}$). All the included risks associated with diabetes, bar age, correlated significantly with spending on diabetes prescriptions. The highest correlation was with the number of patients with obesity ($r=0.92^{***}$). The most expensive type of diabetes drugs were insulins. The correlations between spend on insulin prescriptions and number of patients with each individual diabetes risk was always higher than the correlations between spend on prescriptions for all diabetes drugs and number of patients with each individual associated risk. The same was true when correlating the total number of prescriptions with occurrence of diabetes associated risks. Interestingly, both of these trends remained true when controlling for number of patients diagnosed with diabetes using partial correlations. **CONCLUSIONS:** As the occurrence of risks associated with diabetes increase, the spend on diabetes prescriptions is likely to increase. This is not only because more prescriptions are issued but also because the likelihood of insulins, the most expensive type of diabetes drugs, being prescribed increases.

PDB45

COST OF MEDICATION NONADHERENCE IN PATIENTS WITH DIABETES MELLITUS

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OBJECTIVES: To examine the longitudinal effects and key costs of medication non adherence in patients with diabetes mellitus. **METHODS:** The prospective study was conducted over a period of six months in a South Indian Village. Adherence to treatment has been assessed during a personal interview with each patient by using questionnaire. Medication adherence was assessed by using Morisky medication adherence scale (MMAS). **RESULTS:** A total of 658 patients were diagnosed with Type 2 diabetes mellitus among them 87% (n=572) of the patients were prescribed with oral hypoglycemic agents for more than a year were selected as study population. The statistical significant association with socio demographic and adherence rate to antidiabetic therapy indicated that higher prevalence of adherence among uneducated (41.22%) elderly (32.82%) women (42.26%) unemployed (29.95%). The most common causes for nonadherence to taking medications were lack of knowledge (35.25%) unaffordability () experience of untoward reactions (15.62%). Feeling better (26.5%). The adherence levels were 35 %(poor adherence), 27% (medium), and 38% (high). Among the poor adherence, 24 patients were hospitalized due to diabetic complications like, diabetic foot ulcer (n=13), diabetic ketoacidosis (07), diabetic nephropathy (01), diabetic retinopathy (03). 5 patients were admitted due to diabetes induced renal failure. **CONCLUSIONS:** In conclusion, our study revealed that poor adherence leads hospitalization and increases the economic burden of diabetic patient. By conducting diabetes awareness camps and continued medication education programme through diabetic centers in village setup can significantly reduces the non adherences.

PDB46

DIRECT COST AND MEDICATION USAGE IN ELDERLY TYPE 2 DIABETIC PATIENTS UNDER HOSPITALIZATION AMONG INSURED URBAN POPULATION IN CHINA

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OBJECTIVES: Elderly population is growing and so is the prevalence of diabetes among them. The present study was to explore direct medical cost and medication usage pattern in hospitalized elderly patients with type 2 diabetes (T2D) among insured urban population in China. **METHODS:** A pooled cross-sectional analysis was performed using China Health Insurance Research Association Database of year 2010, 2011 and 2012. Hospitalizations with T2D were identified using ICD-10 codes. Adult patients without any cancer or ketoacidosis were included. Descriptive statistics were used to analyze hospitalization costs and medication usage in T2D patients by age group cut at 60. **RESULTS:** A total of 11,157 T2D hospitalization records from 13 cities were analyzed, with 56.77% are elderly patients, and 32% of total patients have at least one comorbidity. The mean length of stay (LOS) per admission was 16 days in elderly patients, and 14 days in patients under 60. The average direct cost per hospitalization and reimbursement ratio in elderly patients were ¥9,036.74 (±7675.74) and 77.34%, compared to ¥8084.34 (±5304.76) and 72.11% in patients under 60, respectively. On average, LOS was found 1 day longer, and hospitalization costs were found ¥1120 higher in T2D patients with comorbidities compared to those without. The average number of medications used per admission was 13 and 11 in patients ≧ 60 and under 60, respectively. In T2D elderly patients, majority (68.92%) used combination of oral antidiabetic drugs (OAD) and insulin. Acarbose and metformin were the most 2 frequently used OAD in all treatment choices. For non-antidiabetic medications, the most two frequently used drugs were aspirin and mecobalamine. **CONCLUSIONS:** Direct medical cost is considerable in elderly T2D patients under hospitalization, especially in those with comorbidities. The study also showed a complex medication usage pattern in elderly population.

PDB47

DIRECT COST AND MEDICATION USAGE AMONG INSURED TYPE 2 DIABETES PATIENTS WITH CHRONIC KIDNEY DISEASE UNDER HOSPITALIZATION IN BEIJING AND TIANJIN, CHINA

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OBJECTIVES: Chronic Kidney Disease (CKD) is a common comorbidity of Type 2 Diabetes (T2D). This study is to explore the direct cost and medication usage pattern in T2D with CKD inpatients among insured urban population in Beijing and Tianjin, China. **METHODS:** A pooled cross-sectional analysis was performed using hospitalization records in Beijing and Tianjin from China Health Insurance Research Association Database of year 2010, 2011 and 2012. Hospitalizations with T2D and CKD were identified using ICD-10 codes. Adult patients without any cancer or ketoacidosis were included. Descriptive statistics were used to analyze hospitalization costs and medication usage. **RESULTS:** A total of 810 T2D with CKD hospitalizations were identified, accounting for 20.1% of the total T2D hospitalizations. The mean age (±SD) showed on the records were 62.42 (±11.78) years, with 16.15±8.92 days length of stay. The direct cost per admission was 10,155.68 (±7,614.79), with 77.5% reimbursed by basic medical insurance. Medication cost accounted for 47.55% of the total cost, among which 29.57% were antidiabetics. Averaged 15+ drugs were prescribed per admission. For T2D treatment choices, 13.33% patients used oral antidiabetic drugs (OAD) alone, and 66.75% used OAD and insulin combination. Acarbose and metformin were the two most frequently used OADs in all treatment choices. For non-T2D related medication treatment in T2D with CKD patients, aspirin and nifedipine were the two most frequently used drugs. Drugs on renin-angiotensin system (RAS) were the 5thfrequently used non-antidiabetics. **CONCLUSIONS:** Managing T2D among patients with CKD could be challenging given the renal impairment. This study showed that the direct cost in T2D patients with CKD per hospitalization was considerable and their medicine usage pattern was complex in Beijing and Tianjin in China. More attention should be paid to the rational use of medication in such population.

PDB48

ASSOCIATION BETWEEN WEIGHT CHANGE, DIABETES-RELATED HEALTHCARE COSTS, AND HBA1C AMONG PATIENTS WITH TYPE 2 DIABETES

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OBJECTIVES: To quantify the association between weight change, diabetes-related healthcare costs, and HbA1c among patients with type 2 diabetes (T2D); analyses were also conducted in sub-group of obese patients with no prior cardiovascular disease. **METHODS:** This retrospective, observational cohort study used U.S. insurance claims linked to laboratory and electronic medical records. Study included patients with T2D who were age≥18 years and added/switched to a non-metformin antidiabetes medication after metformin monotherapy between Jan-1-2007-Jun-30-2012 (add/switch date=index). Primary predictor was percentage weight change (PWC) between weight measurement at index and follow-up measurement 6 months thereafter ranging from negative (loss) to positive (gain). Outcomes, measured in 12-month period beginning at follow-up weight measurement, included HbA1c<7 and diabetes-related healthcare costs. Multivariable models quantified the association between PWC (linear effect) and study outcomes. **RESULTS:** Primary analysis included 1,520 patients (mean age 55 years; 47% female); sub-group analysis included 780 patients (mean age 53 years; 51% female). Mean (SD) index weight and PWC were 224.6 (52.8) lbs and +0.2% (4.7%) in primary analysis; 241.3 (47.3) lbs and -0.2% (4.6%) in sub-group analysis. Negative PWC values were significantly associated with higher adjusted probabilities of achieving HbA1c<7 (primary analysis: 58.8 % for PWC of -5% vs. 46.7% for PWC of +5%, P<0.001; sub-group 63.2% for PWC -5% vs. 41.7% for PWC .5%, P<0.001). Increasing PWC was significantly associated with increasing diabetes-specific pharmacy costs (P<0.001) in primary analysis sample and with increasing all-cause pharmacy costs (P=0.018), diabetes-specific total costs (P=0.039), diabetes-specific medical costs (P=0.002), and diabetes-specific pharmacy costs (P<0.001) in sub-group sample. PWC was not significantly associated with all-cause total

healthcare costs or all-cause medical costs in either sample. **CONCLUSIONS:** This real-world study suggests that short-term weight loss is associated with attainment of HbA1c<7 levels and decreased diabetes-related costs in obese population with no prior CVD over subsequent 12 months.

PDB49

ECONOMIC BURDEN OF TYPE 2 DIABETES MELLITUS TREATMENT STRATEGIES: A COST CONSEQUENCE ANALYSIS OF SITAGLIPTIN VS SULFONYLUREAS IN LOMBARDY REGION

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OBJECTIVES: Type 2 diabetes mellitus (DM) represents an important public health issue and it is responsible for a significant epidemiologic and economic burden. A cost consequence analysis (CN), aimed at assessing the economic impact of sitagliptin (SITA), compared with sulfonylureas –SU (as second line therapy- add on to metformin) was peformed on the basis of the value based pricing approach. **METHODS:** A CN of SITA vs SU (glibenclamide5mg) was carried out, on a cohort of 1000 diabetic patients, from both the Lombardy Regional Health Service (RHS) and societal perspectives by considering 12 and 36 months time horizons. Direct (drug, automonitoring glycemic control, visits, hypoglicaemic- HYPOS- and CV events, and durability costs) and indirect costs have been considered. Epidemiologic and effectiveness data have been collected through available literature, trials and meta-analyses. Economic data have been retrieved through local/regional sources, tariffs and from available literature. **RESULTS:** The CN analysis shows that SITA+metformin vs glibenclamide+metformin represents a cost saving alternative, over 3 years time horizon, as higher drug costs of SITA are offset by : - lower glycemic control, complications and durability costs resulting in a saving of almost €9.000 from RHS perspective - lower productivity loss related to major cardiovascular and to HYPOS, leading to a saving of about €100.000 from societal perspective. Also, SITA vs SU would provide, from both perspectives, -236 not severe and -54 severe HYPOS and -14 CV events. The analysis performed over 12 months time horizon shows that SITA+metformin represents a sustainable alternative from both RHS and societal perspectives, by leading to a saving in terms of HYPOS 136 (118 not severe and 18 severe) and 7 CV events. **CONCLUSIONS:** The analysis performed shows that SITA represents a sustainable and cost saving alternative for the management of type 2 DM from both clinical and economic perspectives in Lombardy.

PDB50

COST-EFFECTIVENESS ANALYSIS OF EXENATIDE ONCE-WEEKLY VERSUS DULAGLUTIDE, LIRAGLUTIDE AND LIXISENATIDE FOR THE TREATMENT OF TYPE 2 DIABETES MELLITUS: AN ANALYSIS FROM THE UK NHS PERSPECTIVE

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OBJECTIVES: Exenatide 2mg once-weekly (EQW) is a glucagon-like peptide-1 receptor agonist (GLP-1 RA). The objective was to assess the cost-effectiveness of EQW compared to the GLP-1 RAs dulaglutide 1.5mg QW, liraglutide 1.2mg and 1.8mg once-daily (QD), and lixisenatide 20ug QD for the treatment of adult patients with type 2 diabetes mellitus (T2DM) not adequately controlled on metformin. **METHODS:** This analysis utilized the Cardiff Model, a previously published T2DM disease model. Treatment effects were from a network-meta-analysis. Quality-adjusted life years (QALYs) were calculated, with health-state utilities applied to weight changes, hypoglycemia, and T2DM-related complications. Costs (British pounds, £) included medication and T2DM-related complications. The model was run over a 40-year time horizon. Costs and QALYs were discounted at 3.5% annually. Probabilistic sensitivity analysis (PSA) was performed. **RESULTS:** In all comparisons, EQW was associated with a QALY gain per patient; 0.046 (95% confidence interval [CI]: 0.036; 0.056) versus dulaglutide 1.5mg; 0.102 (95% CI: 0.093; 0.112) versus liraglutide 1.2mg; 0.043 (95% CI: 0.034; 0.053) versus liraglutide 1.8mg; and 0.074 (95% CI: 0.064; 0.083) versus lixisenatide 20ug. Cost per patient was lower for EQW than for dulaglutide 1.5mg (-£885; 95% CI: -£942; -£827) and liraglutide 1.8mg (-£2,085; 95% CI: -£2,143; -£2,028). EQW was therefore projected to dominate (i.e, lower costs and QALYs gained) dulaglutide 1.5mg and liraglutide 1.8mg. The cost difference per patient between EQW and liraglutide 1.2mg and EQW and lixisenatide 20ug was £103 (95% CI: £46; £160) and £918 (95% CI: £861; £975), respectively. Cost per QALY gained with EQW versus liraglutide 1.2mg and lixisenatide 20ug was £1,004 and £12,440, respectively. In the PSA, the probability that EQW is cost-effective ranged from 76-99% across all comparisons, at a willingness-to-pay threshold of £20,000 per QALY gained. **CONCLUSIONS:** Results suggest that exenatide 2mg once-weekly is a cost-effective therapeutic option for the treatment of T2DM in adults inadequately controlled on metformin alone.

PDB51

THE COST-EFFECTIVENESS (CE) OF INTRAVITREAL AFLIBERCEPT (IVT-AFL) IN THE TREATMENT OF DIABETIC MACULAR EDEMA (DME) IN TURKEY

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OBJECTIVES: IVT-AFL is indicated for the treatment of visual impairment due to DME. The objective of this analysis was to evaluate the CE of IVT-AFL compared with ranibizumab in DME in Turkey. **METHODS:** The CE model is a Markov state transition model that has 3 separate phases (efficacy, maintenance, rest of life) chosen to adequately reflect the typical vision changes in a treated DME patient. The model features 64 health states for every combination of study/nonstudy eye, and a health state representing death, derived from the VIVID/VISTA-DME and RESTORE/REVEAL studies. Economic inputs were based on the experts' opinions.2 The primary and secondary endpoints for the study were life years gained and quality-adjusted life years (QALY), and years with 1 eye blind, respectively. Incremental cost-effectiveness ratios (ICER) were calculated per QALY and years with 1 eye blind. Analyses were conducted from the payer perspective and time horizon was lifetime. All costs were calculated in Turkish Lira (TL). **RESULTS:** Total annual costs associated with IVT-AFL and ranibizumab were 15,315 and 14,791 TL, respectively. QALYs were 7.343 with IVT-AFL and 7.295 ranibizumab. According to the results of the analysis, IVT-AFL is a cost effective treatment option when compared with ranibizumab at a cost-effectiveness threshold of 26,415 TL (calculated threshold from developing country defined as 3-fold of annual income per capita, per the World Health Organization). The ICER of IVT-AFL versus ranibizumab was 10,866 TL/QALY. Years with 1 eye blind were 0.416 with IVT-AFL and 0.647 with ranibizumab, with a difference of 0.231 year in favor of IVT-AFL, giving an ICER of 2268 TL/years with 1 eye blind. **CONCLUSIONS:** IVT-AFL may be a cost-effective treatment option when compared with ranibizumab for treatment of DME in Turkey.

PDB53

THE LONG-TERM COST-EFFECTIVENESS OF TWICE-DAILY EXENATIDE WITH INSULIN GLARGINE VERSUS ONCE-DAILY LIRAGLUTIDE WITH INSULINE DETEMIR IN ADULT PATIENTS WITH TYPE 2 DIABETES IN RUSSIA

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OBJECTIVES: to assess the cost-effectiveness of twice daily (TD) 10 μg exenatide with insulin glargine (EXE) vs once-daily (QD) liraglutide 1.2 mg or 1.8 mg both with insulin detemir (LIRA 1.2 or LIRA 1.8) in patients with type 2 diabetes mellitus (T2DM). **METHODS:** the Exenatide Cost-Effectiveness Model, a validated computer simulation model, was adapted to the Russian healthcare setting. Patient and intervention effects data were gathered from a clinical trials (Scott et al 2013, Buse et al 2011), comparing QD LIRA 1.2 mg, 1.8 mg and EXE 10 μg TD, as add-on to insulin glargine or detemir. The full costs were calculated for 1-st line therapy, based on published and local sources (2014).This includes the costs of drug acquisition as well as appropriate inpatient, outpatient and primary care management costs (associated with maintenance and events). In this study we simulated disease progression and treatment effects per cohort 1,000 patients for 10 years period. **RESULTS:** over a simulation period, treatment with EXE vs LIRA 1.2 drove a mean increase in discounted quality-adjusted life expectancy of 0.1 (0.008; 0.015) quality-adjusted life years (QALYs), whereas therapy with EXE vs LIRA 1.8 decrease of 0.1 (-0.018; -0.011) QALYs. When compared with LIRA 1.2, EXE was the dominant strategy, i.e. less costly (-$484) and more effective. When compared to LIRA 1.8, EXE was less costly (-$1,500), but less effective. The incremental cost-effectiveness ratio (ICER) for LIRA 1.8 vs EXE was estimated at $100,941 per QALY gained, that more greater than willingness-to-pay (WTP) threshold for Russia in 2014 $36,373. In this case more cost-effective strategy was EXE with insulin glargine. **CONCLUSIONS:** at a WTP threshold of $36,373/QALY exenatide is likely to be a cost-effective option for the treatment of T2DM in a Russian setting.

PDB54

EVALUATING THE COST-EFFECTIVENESS OF GLP-1 RECEPTOR AGONISTS FOR THE TREATMENT OF TYPE 2 DIABETES IN THE UK

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OBJECTIVES: Key challenges in the adequate management of type 2 diabetes include maintaining glycemic control whilst minimizing the risk of hypoglycemia, without increasing body weight. Glucagon-like peptide-1 (GLP-1) receptor agonists provide a multi-factorial approach to treatment, compared with traditional glucocentric approaches. The present analysis aimed to compare the cost-effectiveness of GLP-1 receptor agonists for the treatment of diabetes in the UK. **METHODS:** Changes in glycated hemoglobin, blood pressure and body mass index upon initiation of liraglutide 1.2mg, exenatide BID and lixisenatide were taken from a network meta-analysis of 13 randomized controlled trials evaluating the efficacy and safety of GLP-1 receptor agonists for the treatment of patients with type 2 diabetes uncontrolled on oral antidiabetic drugs. Patient lifetime projections of clinical outcomes and direct costs (taken from published UK-specific sources, 2013 GBP) were made in a cohort based on the LEAD-6 trial using a published and validated diabetes model. Outcomes were discounted at 3.5% annually. Sensitivity analyses were performed. **RESULTS:** Liraglutide was associated with improved quality-adjusted life expectancy versus exenatide (9.17 versus 9.16 quality-adjusted life years [QALYs]) and lixisenatide (9.17 versus 9.12 QALYs). Improvements were driven by improved glycemic control, leading to a reduced incidence of diabetes-related complications. Liraglutide was associated with reduced costs versus exenatide (GBP37,520 versus GBP37,607) with cost savings as a result of avoided diabetes-related complications entirely offsetting increased acquisition costs. Versus lixisenatide, liraglutide was associated with increased costs (GBP37,520 versus GBP37,126), driven by increased acquisition costs which were partially offset by reduced costs of treatment of complications. Based on the projected outcomes, liraglutide was found to be dominant over exenatide and associated with an incremental cost-effectiveness ratio of GBP7,367 per QALY gained versus lixisenatide. **CONCLUSIONS:** Liraglutide 1.2mg is likely to be considered cost-effective or cost-saving versus alternative GLP-1 receptor agonists for treatment of diabetes in the UK.

PDB55

COST-EFFECTIVENESS OF DAPAGLIFLOZIN AS ADD-ON TO METFORMIN FOR THE TREATMENT OF TYPE 2 DIABETES IN GREECE

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